

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cruz for President

A. Full Name (Last, First, Middle Initial)

MR. GARY L. THURMAN

Mailing Address P.O. BOX 1411

City	State	Zip Code
MIDLAND	TX	79702-1411

FEC ID number of contributing federal political committee.

C

Name of Employer
SOLE PROPRIETOR

Occupation
CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2950.00

Transaction ID : SA17.775057B

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2016

CONTRIBUTION

Amount of Each Receipt this Period

-250.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)

PAUL ARIAS

Mailing Address 213 DOUGLAS RD.

City	State	Zip Code
FAR HILLS	NJ	07931-2519

FEC ID number of contributing federal political committee.

C

Name of Employer
LAFAYETTE MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17.771539

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)

PAUL ARIAS

Mailing Address 213 DOUGLAS RD.

City	State	Zip Code
FAR HILLS	NJ	07931-2519

FEC ID number of contributing federal political committee.

C

Name of Employer
LAFAYETTE MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17.1105588

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2016

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....